

**Instructions**

All information you provide is subject to the *Freedom of Information and Protection of Privacy Act*.

Fields marked with an asterisk (\*) are mandatory.

**A. Organization information**

Organization category *	Number of employees range *	Reporting year
Designated Public Sector	1-49 employees	2019

**Business details**

Organization legal name *	Number of employees in Ontario * <a href="#">Help</a>
CORPORATION OF TOWN OF THESSALON	24
Business number (BN9) * <a href="#">Help</a> <input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility	
106985757	
<input checked="" type="checkbox"/> Check if operating/business name is same as legal name	
Organization operating/business name	Language preference for communications *
CORPORATION OF TOWN OF THESSALON	English
Sector that best describes your organization's principal business activity *	<a href="#">Help</a>
91	
Subsector (if possible)	Industry group (if possible)
913	9139

**Mailing address**

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country *	<input checked="" type="radio"/> Canada	<input type="radio"/> USA	<input type="radio"/> International
Type of address *	<input type="radio"/> Street address	<input type="radio"/> Street address served by route	<input checked="" type="radio"/> Other
PO Box	Route type	Route number	Delivery installation type
220			
Delivery installation identifier	City *	Province *	Postal code *
	THESSALON	ON (Ontario)	P0R 1L0

**Business address**

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country *	<input checked="" type="radio"/> Canada	<input type="radio"/> USA	<input type="radio"/> International
Type of address *	<input type="radio"/> Street address	<input type="radio"/> Street address served by route	<input checked="" type="radio"/> Other
PO Box	Route type	Route number	
220			
Delivery installation type	Delivery installation identifier	City *	
		THESSALON	
Province *	Postal code *		
ON (Ontario)	P0R 1L0		

Organization category	Designated Public Sector	Number of employees range	1-49
Filing organization legal name	CORPORATION OF TOWN OF THESSALON		
Filing organization business number (BN9)	106985757		

Fields marked with an asterisk (\*) are mandatory.

## B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at [ontario.ca/accessibility](http://ontario.ca/accessibility)

Additional accessibility requirements apply if you are:

- [a library board](#)
- [a producer of education material \(e.g. textbooks\)](#)
- [an education institution \(e.g. school board, college, university or school\)](#)
- [a municipality](#)

## C. Accessibility compliance report questions

### Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response.

If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

### Foundation requirements

1. Does your organization have written accessibility policies and a statement of commitment? \*  Yes  No

[Read O. Reg. 191/11 s. 3: Establishment of accessibility policies](#) [Learn more about your requirements for question 1](#)

Comments for question 1: As a small organization, we do not have a statement of commitment.
2. Has your organization established, implemented and maintained a multi-year accessibility plan and posted it on your organization's website? \*  Yes  No

[Read O. Reg. 191/11 s. 4: Accessibility plans](#) [Learn more about your requirements for question 2](#)

Comments for question 2:
3. Has your organization completed a review of its progress implementing the strategy outlined in its accessibility plan and documented the results in an annual status report posted on the organization's website? \*  Yes  No

[Read O. Reg. 191/11 s. 4\(1\), 4\(3\): Accessibility plans](#) [Learn more about your requirements for question 3](#)

Comments for question 3:
4. Did your organization consult with people with disabilities when establishing, reviewing and updating its multi-year accessibility plan? \*  Yes  No

[Read O. Reg. 191/11 s. 4\(2\): Accessibility plans](#) [Learn more about your requirements for question 4](#)

Comments for question 4:

5. Does your organization provide the appropriate training on the Integrated Accessibility Standards Regulation and the Human Rights Code as it pertains to persons with disabilities? \*  Yes  No

[Read O. Reg. 191/11 s. 7: Training](#)

[Learn more about your requirements for question 5](#)

Comments for question 5

6. Has your organization established and documented a process to receive and respond to feedback on how its goods or services are provided to persons with disabilities, including actions that your organization will take when a complaint is received? \*  Yes  No

[Read O. Reg. 191/11 s. 80,50: Feedback process required](#)

[Learn more about your requirements for question 6](#)

Comments for question 6

7. Does your organization ensure that its feedback processes are accessible to persons with disabilities by providing or arranging accessible formats or communication supports, upon request, and do you notify the public of this accessible feedback policy? \*  Yes  No

[Read O. Reg. 191/11 s. 11: Feedback](#)

[Learn more about your requirements for question 7](#)

Comments for question 7 Our customer feedback form will be available on our new website, and can be completed on line.

### Information and communications

8. Does your organization have a process to provide accessible formats and communication supports for persons with disabilities in a timely manner and at no more than the cost for other persons who ask for the same information, and do you notify the public of this accessible information policy? \*  Yes  No

[Read O. Reg. 191/11 s. 12: Accessible formats and communications supports](#)

[Learn more about your requirements for question 8](#)

Comments for question 8

### Employment

9. Does your organization notify its employees and the public about the availability of accommodations in its recruitment process? \*  Yes  No

[Read O. Reg. 191/11 s. 22-24: Recruitment](#)

[Learn more about your requirements for question 9](#)

Comments for question 9

10. Does your organization notify successful applicants of its policies for accommodating employees with disabilities during offers of employment? \*  Yes  No

[Read O. Reg. 191/11 s. 24: Notice to successful applicants](#)

[Learn more about your requirements for question 10](#)

Comments for question 10

11. Does your organization develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities? \*  Yes  No

[Read O. Reg. 191/11 s. 28: Documented individual accommodation plans](#)

[Learn more about your requirements for question 11](#)

Comments for question 11 The process is contained within the Town's Accessible Employment Policy.

## Transportation

12. Does your organization provide transportation services? \*

(If Yes, you will be required to answer an additional question.)

Yes  No

[Read O. Reg. 191/11 Part IV: Transportation standards](#)

[Learn more about your requirements for question 12](#)

12.a. Does your organization conduct employment and volunteer accessibility training on the safe use of accessibility equipment and features of your transportation vehicles? \*

Yes  No

[Read O. Reg. 191/11 s. 36: Accessibility training](#)

[Learn more about your requirements for question 12.a](#)

Comments for question 12.a

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## Design of public spaces

13. Since your organization last reported on its accessibility compliance, has your organization constructed new or redeveloped existing off-street parking facilities that it intends to maintain? \*

(If Yes, you will be required to answer an additional question.)

Yes  No

[Read O. Reg. 101/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 13](#)

13.a. When constructing new or redeveloping off-street parking facilities that your organization intends to maintain, does it ensure that the off-street parking facilities meet the accessibility requirements as outlined in sections 80.32–80.37 of the IASRP? \*

Yes  No

[Read O. Reg. 80.32-37: Accessible parking](#)

[Learn more about your requirements for question 13.a](#)

Comments for question 13.a

14. Since your organization last reported on accessibility compliance, has your organization constructed new or redeveloped existing outdoor public spaces that it intends to maintain? \*

(If Yes, you will be required to answer additional questions.)

Yes  No

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 14](#)

14.a. When constructing new or redeveloping existing outdoor play spaces, did your organization consult with the public and persons with disabilities on the needs of children and caregivers, and if your organization is a municipality did your organization consult with the municipal advisory committee who one was established in October 1998, s. 80.15 of the Integrated Accessibility Standards Regulations? \*

Yes  No

[Read O. Reg. 191/11 s. 80.19: Outdoor play spaces](#)

[Learn more about your requirements for question 14.a](#)

Comments for question 14.a

14.b. Does your organization's multi-year accessibility plan include procedures for preventative and emergency maintenance of the accessible elements in public spaces, and for dealing with temporary disruptions when accessible elements required under the Integrated Accessibility Standards Regulations Part IV are not in working order? \*

Yes  No

[Read O. Reg. 191/11 s. 80.44: Maintenance of accessible elements](#)

[Learn more about your requirements for question 14.b](#)

Comments for question 14.b

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## Customer service

15. In your policies, practices and procedures, does your organization permit persons with disabilities to keep their service animals with them on the parts of your premises that are open to the public or other third parties, except where the animal is excluded by law? If excluded by law, does your organization have alternate ways for people with service animals to access and use your goods, services or facilities?

Yes  No

[Read O. Reg. 191/11 s. 80.47\(1-3\): Use of service animals and support persons](#)

[Learn more about your requirements for question 15](#)

Comments for question 15

## General requirements

16. Other than the requirements cited in the above questions, is your organization complying with all applicable requirements for the **information and communications standards** in effect under the Integrated Accessibility Standards Regulation? \*  Yes  No

[Read O. Reg. 191/11 Part II: Information and communications standards](#)

[Learn more about your requirements for question 16](#)

Comments for question 16

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17. Other than the requirements cited in the above questions, is your organization complying with all applicable requirements for the **employment standards** in effect under the Integrated Accessibility Standards Regulation? \*  Yes  No

[Read O. Reg. 191/11 Part III: Employment standards](#)

[Learn more about your requirements for question 17](#)

Comments for question 17

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18. Other than the requirements cited in the above questions, is your organization complying with all applicable requirements for the **transportation standards** in effect under the Integrated Accessibility Standards Regulation? \*  Yes  No

[Read O. Reg. 191/11 Part IV: Transportation standards](#)

[Learn more about your requirements for question 18](#)

Comments for question 18

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19. Other than the requirements cited in the above questions, is your organization complying with all applicable requirements for the **design of public spaces standards** in effect under the Integrated Accessibility Standards Regulation? \*  Yes  No

[Read O. Reg. 101/11 Part IV.1: Design of Public Spaces standards](#)

[Learn more about your requirements for question 19](#)

Comments for question 19

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20. Other than the requirements cited in the above questions, is your organization complying with all applicable requirements for the **customer service standards** under the Integrated Accessibility Standards Regulation? \*  Yes  No

[Read O. Reg. 191/11 Part IV.2: Customer service standards](#)

[Learn more about your requirements for question 20](#)

Comments for question 20

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21. Other than the requirements cited in the above questions, is your organization complying with all general requirements in effect under the Integrated Accessibility Standards Regulation? \*  Yes  No

[Read O. Reg. 191/11 Part I: General requirements](#)

[Learn more about your requirements for question 21](#)

Comments for question 21

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Organization category	Designated Public Sector	Number of employees range	1-49
Filing organization legal name	CORPORATION OF TOWN OF THESSALON		
Filing organization business number (BN9)	106985757		

Fields marked with an asterisk (\*) are mandatory.

#### D. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards.

Your organization may be audited to verify compliance.

#### E. Accessibility compliance report certification

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

**Note:** It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

#### Acknowledgement

- I certify that I have the authority to bind all organizations specified in Section A of this form, \*
- I certify that all the required information has been included in this report, and, \*
- I certify that the information in this report is accurate. \*

Certification date (yyyy-mm-dd) \* 2019-12-19

#### Certifier information

Last name *		First name *	
MACLEAN		ROBERT	
Position title *	Business phone number *	Extension <input type="checkbox"/> Check here if TTY	
Other	705 842-2217		
Email *		Alternate phone number	Fax number
robert.thessalon@bellnet.ca			

#### Primary contact for the organization(s)

- Check if the primary contact is same as the certifier

Last name *		First name *	
MACLEAN		ROBERT	
Position title *	Business phone number *	Extension <input type="checkbox"/> Check here if TTY	
Other	705 842-2217		
Email *		Alternate phone number	Fax number
robert.thessalon@bellnet.ca			